

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

07/23/03
U.S. PTO

Applicant: Liu
 Docket: 08688.0326US01
 Title: SHOELACE FASTENER

22212 U.S. PTO
07/23/03
10/625931

CERTIFICATE UNDER 37 CFR 1.10
 'Express Mail' mailing label number: EV322885514US
 Date of Deposit: July 23, 2003

I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By: *[Signature]*
 Name: John Junkins

Mail Stop PATENT APPLICATION
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- Transmittal sheet, in duplicate, containing Certificate under 37 CFR 1.10.
- Utility Patent Application: Spec. 10 pgs; 8 claims; Abstract 1 pgs.
 The fee has been calculated as shown below in the 'Claims as Filed' table.
- 7 sheets of formal drawings
- Small entity status is claimed pursuant to 37 CFR 1.27
- A signed Combined Declaration and Power of Attorney
- A check in the amount of \$375.00 to cover the Filing Fee
- Application Data Sheet, 2 pages.
- Other: Signed Verified Statement Claiming Small Entity Status
- Return postcard

CLAIMS AS FILED

| Number of Claims Filed | In Excess of: | Number Extra | Rate | Fee |
|-------------------------------------|---------------|--------------|-----------|----------|
| Basic Filing Fee | | | | \$375.00 |
| Total Claims | | | | |
| 10 | 20 | = 0 | x 9.00 = | \$0.00 |
| Independent Claims | | | | |
| 1 | 3 | = 0 | x 42.00 = | \$0.00 |
| MULTIPLE DEPENDENT CLAIM FEE | | | | \$0.00 |
| TOTAL FILING FEE | | | | \$375.00 |

Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

By: *[Signature]*

Name: Michael D. Schumann
 Reg. No.: 30,422
 Initials: MDSchumann/kaf

MERCHANT & GOULD P.C.
 P.O. Box 2903, Minneapolis, MN 55402-0903
 (612) 332-5300

